

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/563062

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						1
5					1	
6						1
7					1	
8						1
9					1	
10					1	
11					1	
12					1	
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30					1	
31					1	
32					1	
33					1	
34					1	
35					1	
36					1	
37					1	
38	-	-	0			-
39	-	-		1		
40				1		
41				1		
42					1	
43					1	
44					1	
45						
46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			42			
TOTAL CLAIMS			43			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						